

community so desperately needs GOOD nurses but the money goes to the PhD faculty who mostly do not teach undergraduate nursing.”

“Faculty need to be mentored equally. Some seem to be worker bees and others have the time to become active in other higher education events. This lack of equality is very frustrating to the junior level faculty. We have many talents that could be utilized but seem to be ignored.”

The problems and frustrations associated with teaching in the clinical setting were highlighted by several current faculty. In particular, they noted the demands of organizing and delivering education in a less than supportive environment – as well as the relentless need to keep up with rapidly expanding requirements for students.

“It is difficult finding patients to match student learning needs.”

“The attitudes of hospital nurses (stressed and short on patience and time for students) is a problem.”

“The PR part of teaching (having to woo preceptors and clinical sites).”

“One instructor cannot be with all ten students in clinical all the time, so many learning opportunities are missed.”

“Nursing faculty are constantly caught in the struggle between the administrative needs of the college, the State Board of Nursing rules, the student (and families). This struggle is compounded by the obligation we have in each of these arenas, but more so by the obligation we have to every patient these students will take care for the rest of their careers.”

Even after being in the role, a few current faculty felt they lacked some of the skills required by the educator role. They complained about the demands of changing educational requirements, such as requiring an MSN degree (as opposed to a Masters in Education) to become a faculty member. Being forced to teach outside their areas of expertise also created concern.

“I feel we shouldn't have to get a Master's in Nursing to continue to teach. When I went back to school it was encouraged to get a Master's degree. New instructors coming out of MSN programs now do not have the teaching experience or the clinical experience that we had at 25-30 years of age. I spend a lot of time and energy teaching them how to teach and how to do clinicals with students. I am finding that inexperienced educators that do have MSNs are very inexperienced with clinical knowledge and correct procedures. They know a lot of short cuts but don't know the correct means of doing short cuts safely and correctly, and unfortunately they are teaching our students these short cuts without teaching them safety first. I think that if we have a Master's in Education and have taught for many years this should count for something and not penalize us by making a Master's in Nursing mandatory.”

Summary of ‘Push’ factors for current faculty

At the time when our current faculty respondents first considered a career in nursing education the negative aspects they identified were primarily salary and worries about not having the right skill set for the job. Once they had been in the role, poor salary remained a negative aspect but other issues that could only be learned by experience in the role were also identified. The heavy workload was the most often mentioned negative aspect of the job – a “push” factor. A few faculty said that the workload was becoming a deciding factor for leaving the educator role. Poor salary was often tied to the workload issue, in a type of balancing equation – the